

# Agency Report of: Ceremonial Role Events and Ticket/Pass Distributions

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A Public Document

## 1. Agency Name

San Jose City  
Date Stamp  
MS Route  
2016 MAR -8 AM 11:30

California  
Form **802**  
For Official Use Only

PRNS - Seven Trees Community Center  
Division, Department, or Region (If Applicable)

Dora Liou - Gerontology Specialist  
Designated Agency Contact (Name, Title)

Area Code/Phone Number

E-mail

408/794-1690

dora.liou@sanjoseca.gov

☐ Amendment (Must provide explanation in Part 3.)

Date of Original Filing: \_\_\_\_\_  
(Month, Day, Year)

## 2. Function or Event Information

Does the agency have a ticket policy?

Yes ☒ No ☐

Face Value of Each Ticket/Pass \$ 31.00

Event Description

San Jose Barracuda Ice Hockey Game

Provide Title/Explanation

Date(s) 3, 13, 2016

Ticket(s)/Pass(es) provided by agency?

Yes ☒ No ☐

If no: \_\_\_\_\_  
Name of Source

Was ticket distribution made at the behest of agency official?

No ☒ Yes ☐

If yes: \_\_\_\_\_  
Official's Name (Last, First)

## 3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy
Seven Trees Community Center	8	Teen Volunteers Recognition - Tickets were given to Teens who volunteer on regular basis

B. Name of Individual (Last, First)	Number of Ticket(s)/Pass(es)	Identify one of the following:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> If checking "Ceremonial Role" or "Other" describe below:

C. Name of Outside Organization (include address and description)	Number of Ticket(s)/Pass(es)	Describe the public purpose made pursuant to the agency's policy

## 4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

  
Signature of Agency Head or Designee

Dora Liou  
Print Name

Gerontology Specialist  
Title

2/29/16  
(Month, Day, Year)

Comment:

**Agency Report of:  
Ceremonial Role Events and Ticket/Pass Distributions  
Continuation Sheet**

Agency Name

PRNS. Seven Trees Community Center

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